

Health, Welfare, Public Service, 00-56, Director, County, etc. must use only standard return forms for these purposes. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED JUN 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 2 2 9 17

STATE FILE NUMBER

318

1003

4922

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) St Louis			c. CITY OR TOWN Affton		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital			d. STREET ADDRESS 9026 Pilot		
3. NAME OF DECEASED (Type or print) Frank Spinner			4. DATE OF DEATH May 24, 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 25, 1894	9. AGE (In years last birthday) 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assessor
100. KIND OF BUSINESS OR INDUSTRY St Louis County		11. BIRTHPLACE (City and state or country) St Louis County Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Otto Spinner			14. MOTHER'S MAIDEN NAME Caroline Brock		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-1		16. SOCIAL SECURITY NO. 494-22-8202	17. INFORMANT Address Bertha Spinner 9026 Pilot		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Respiratory Cortic Arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 451x					INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 days</i>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <i>Blue 47</i> to <i>green</i> and last saw <i>him</i> alive on <i>4-26-57</i> Death occurred at <i>1:40P</i> <i>m</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Raymond D. ...</i>			22b. ADDRESS <i>5253 Chryseia</i>		22c. DATE SIGNED <i>5-25-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE <i>5/27/57</i>	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St Louis County Mo.	
24. FUNERAL DIRECTOR John L Ziegenhein & Sons 7027 Gravois		25. DATE RECD. BY LOCAL REG. MAY 27 '57	26. REGISTRAR'S SIGNATURE <i>Carly Smith MO</i>		

(Licensed Embalmer's Statement on Reverse Side)

City of St. Louis
Missouri

May 28, 1937
Nov 28, 1937
ASU
Caroline Brock
101-22-1103
See

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed G. P. Kidwell

Licensed Embalmer No. 387

P. O. Address 7027 Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.